

**BUREAU OF HOME AND COMMUNITY SERVICES
ALABAMA DEPARTMENT OF PUBLIC HEALTH**

Program Evaluation Record

To help us meet your educational needs, we ask that you complete this evaluation form. Thank you for your attendance and cooperation.

**PROGRAM TITLE: "Diabetes Update: Foot Care and Nutrition"
April 26, 2006**

NAME: _____ **AGENCY/COUNTY:** _____

FACULTY: Barbara Bain and Molly Pettyjohn

LEGEND:

5 - Outstanding 4 - Above average 3 - Average 2 - Below average 1 - Unacceptable

Circle the number you think best evaluates this activity.

This program utilized knowledgeable, organized, and effective speakers:

| | | | | | |
|--|---|---|---|---|---|
| Barbara Bain | 5 | 4 | 3 | 2 | 1 |
| Molly Pettyjohn | 5 | 4 | 3 | 2 | 1 |
| Objective 1 | 5 | 4 | 3 | 2 | 1 |
| Objective 2 | 5 | 4 | 3 | 2 | 1 |
| Objective 3 | 5 | 4 | 3 | 2 | 1 |
| Objective 4 | 5 | 4 | 3 | 2 | 1 |
| Objective 5 | 5 | 4 | 3 | 2 | 1 |
| Objective 6 | 5 | 4 | 3 | 2 | 1 |
| Provided content relative to the session objectives: | 5 | 4 | 3 | 2 | 1 |
| Effectively used teaching methods & learning aids: | 5 | 4 | 3 | 2 | 1 |
| Provided information pertinent to my job duties: | 5 | 4 | 3 | 2 | 1 |
| Enabled me to better perform my job duties: | 5 | 4 | 3 | 2 | 1 |

What new knowledge did this in-service provide?

List areas you think need improvement.

What additional topics would you recommend for future programs?